

Branch

Date

Customer ID

(CUSTOMER IDENTITY FORM - ENTITY)

(Leave one space between two words. Fill up in BLOCK letters and use Black ink for signature. Please tick (✓) the appropriate boxes)

Full Name

Constitution : Sole Proprietorship Partnership Limited Liability Partnership Private Limited Public Limited HUF
 Trust Society / Club Association Educational Institution Government Quasi Government
 NGO Non-Profit Organization Financial Institution Others (Please Specify) _____

Residential Status : Resident NR If NR, Name of the Foreign Country: _____

Nature of Business: Agriculture Manufacture-Industry / SME Wholesale Trade Retail Trade Commodity Trade
 Export / Import Trade Bullion / Jewellery Real Estate IT Sector-Software / Hardware Share / Stock Market Operator
 Services (Please Specify) : Hospital / Transport / Hotel / _____ Chit Fund Others _____

Date of Incorporation: Date of Commencement of Business:

PAN Number : Or Form No 60 / 61 (Please submit any one of the forms duly signed)

Purpose of Opening the Account : _____

Nature of Transactions expected: Cash FTFT RTGS, NEFT Remittance from Abroad : _____

Location of Business / Place of Units (If different from Registered Office) _____

Estimated Business Turnover (Per annum) Below ₹ 5 Cr ₹ 5 to ₹ 25 Cr ₹ 25 to ₹ 50 Cr Above ₹ 50 Cr

Estimated Business Income (Per annum) < ₹ 1 Lac >₹ 1 < ₹ 2.5 Lac >₹ 2.5 < ₹ 5 Lac Above ₹ 5 Lac

Registered Office / Permanent Address

Land Mark: Phone with STD Code

City: State

Pin Country Mobile

Fax: E-mail ID : _____

Communication Address

Land Mark: Phone with STD Code

City: State

Pin Country Mobile

Fax: E-mail ID : _____

DECLARATION BY SOLE PROPRIETOR

I hereby inform you that until written notice from me to the contrary, to regard me as the sole proprietor of the business, I am responsible for all its liabilities and to debit such accounts with all cheques purporting to be drawn thereon, provided they are signed by me or by my attorney as.....

Registration No. (If any) _____

SIGNATURE (to be signed in individual capacity without stamp) Place: _____ Date: _____

We, the under mentioned persons

HUF LETTER

NAME	CUSTOMER ID	FATHER'S NAME	INTER RELATIONSHIP	DATE OF BIRTH
1.				
2.				
3.				
4.				
5.				
6.				

are members of a Joint Hindu Family run on behalf of and for the benefit of our family with the major members conducting the same as family managers under the style of at and we request you to take notice of the fact and we request that all transactions, involving any sort of commitments of whatever nature, entered into with you by either or any of us (who are majors) whether under this signature of the said HUF name or subscribed by the individual signatures of any of us (who are majors) may be regarded by you as entered into, for on behalf of and for the benefit of, all of us in our individual & personal capacities and also for the benefit of our joint family and as such, all of us being liable to you for all such transactions in our individual * & personal capacities and also as members of the family.

•The present state of our relationship as joint family members and managers may be deemed by you to continue until we intimate to you otherwise in writing and duly delivered to you.

Note : Minor members have not signed as and when they attain majority, they will subscribe to the same.

Signature

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Place : _____ Date : _____

PARTNERSHIP LETTER

We hereby notify that we are the only partners carrying on business in (Place) under the name and style of

We hereby engage that we shall be bound jointly and severally to repay all the debts incurred to you either on Bills, Pronotes or any other documents by any one of us on behalf of the firm, until notice to the contrary is given to you.

As each one of us is individually liable to you to discharge all the obligations incurred to you by any of us on behalf of the firm, we hereby agree that you will be at liberty to recover all you outstandings not only from our business assets but also from our separate properties as well.

We request you to take notice that every one of us is authorised to draw, endorse/ accept, purchase, discount and negotiate cheques, promissory notes, hundies, bills and other negotiable instruments on behalf of all of us and our firm and we also request you to take notice that our liability or liability of our firm to you as aforesaid shall not in any way be affected even if any third party joins in the transaction as co-obligant.

SI No	Name	Designation	Customer ID Number	% of Share in Capital and Share in Profit	Signature
1.					
2.					
3.					
4.					
5.					
6.					

Place : _____ Date : _____

DETAILS OF DIRECTORS / TRUSTEES / OFFICE BEARERS

SI No	Name	Designation	Customer ID Number	Signature

Place : _____ Date : _____

Accounts with Other Branches of TMB

Branch / Address	Account Type	Account Number

Account with Other Bank: I/We declare that

I/We don't have Current Account (or) enjoy credit facilities with other Banks.

I/We have current account / enjoy credit facilities with other Banks as furnished below:
(if any credit facility is enjoyed with other Bank, NOC should be obtained and produced before opening the A/c.)

Name and Address of the Bank Branch	Account Number	Credit Facilities				
		Purpose	Limit	Balance	Security	Remarks

NOC Details (In case of credit facilities with other Banks): NOC issuing Bank Branch: _____

Date of NOC Remarks: _____

Details of Foreign Countries visited during last 3 years by Proprietor / Partner / Director / Executive / Member Etc.,

Year	No of Travels	Place of Visit	Purpose of Visit : Family, Official, Business, Others

Do not Call Register : Wish to register your name in "DONOT CALL" Register : Yes No

INTRODUCTION DETAILS : I hereby confirm that I am an account holder with Tamilnad Mercantile Bank Ltd for over 6 months. I confirm that I Personally know the applicant/s detailed herein for more than 6 months and confirm his / her identity and address.

Name:

Customer ID

A/c No.

Date : _____
Signature of the Introducer

For Bank Use

Risk Categorization

Low Medium High

I have met Mr. / Mrs. _____ representative of _____ and the documents in support of its identity, address and relationship with the partners / Directors / Trustees / Office Bearers have been verified and the particulars have been filled in my presence in accordance with the

Date : _____
Signature of the Official Name & PA No.

PERIODICAL UPDATION OF CUSTOMER IDENTIFICATION PROCEDURE

(Incise of High & Medium Risk customers, once in 2 years and incise of low Risk customers, once in 5 years)

Risk value as on date of opening / Last review	Month / Year of Next Review	Date of updatation	Details of Identification Documents now Obtained (including Photograph)
			Name of ID Proof : Name of Address Proof : Photograph (Latest) obtained : Yes / No Other Documents, if any : (Please specify)
			Name of ID Proof : Name of Address Proof : Photograph (Latest) obtained : Yes / No Other Documents, if any : (Please specify)
			Name of ID Proof : Name of Address Proof : Photograph (Latest) obtained : Yes / No Other Documents, if any : (Please specify)
			Name of ID Proof : Name of Address Proof : Photograph (Latest) obtained : Yes / No Other Documents, if any : (Please specify)

PERIODICAL REVIEW OF RISK RATING :

SI No.	Date of opening of Account / Last Review	Risk Rating	Next Review due date	Initials of TMB Official
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LIST OF DOCUMENTS AND INFORMATION TO BE PRODUCED BY VARIOUS CATEGORIES OF ENTITIES

<p>Partnership Firms -Legal Name -Address -Name of all partners and their address -Telephone numbers of the firm and partners</p>	<p>(i) Registration Certificate, (ii) Partnership Deed; (iii) Power of Attorney granted to partner or an employee of the firm to transact business on its behalf; (iv) Any Officially Valid Documents, identifying the partners and the persons holding the</p>
<p>Companies -Name of Company -Principal place of business -Mailing address of the company -Telephone / Fax Number</p>	<p>(i) Certificate of Incorporation. (ii) Memorandum & Articles of Association (iii) Resolution of the Board of Directors, authorizing to open an account and Identification of those who have authority to operate the account; (iv) Power of Attorney granted to its Managers, Officers or Employees to transact business on its behalf; (v) Copy of PAN Allotment Letter, (vi) Copy of the Telephone Bill (vii) Certificate of commencement of business in case of Limited Companies.</p>
<p>Trust & Associations -Name of trustees, settlers, beneficiaries & signatories -Name and address of the founder, Managers/Directors and Beneficiaries -Telephone numbers of the Trustees / Members</p>	<p>(i) Certificate of Registration, if registered (ii) Power of Attorney granted to transact business on its behalf (iii) Officially Valid Document to Identify the trustees, settlers, beneficiaries and those holding Power of Attorney, founders/managers/ directors and their addresses (iv) Resolution of the Managing Body of the Foundation / Association (v) Telephone Bill. (vi) Trust Deed. (vii) Bye-laws.</p>